

<b>CLAIMS ONLY</b>							Application Number <b>10/77/259</b>		Filing Date	
							Applicant(s)			
							* May be used for additional claims or amendments			
CLAIMS	AS FILED <b>7-13-05</b>		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	<del>X</del>	<del>X</del>								
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Total Indep	1									
Total Depend	10									
Total Claims	11									
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**BEST AVAILABLE COPY**